

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 08/720096	FILING DATE				
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1		1		1		51				
2		1		1		1	52				
3		1		1		1	53				
4		1		1		1	54				
5		1		1		1	55				
6		4		1		1	56				
7		1		1		1	57				
8		1		1		1	58				
9		1		1		1	59				
10		1		1		1	60				
11		1		1		1	61				
12		1		1		1	62				
13		1		1		1	63				
14		1		1		1	64				
15		1		1		1	65				
16		1		1		1	66				
17		1		1		1	67				
18	1		1				68				
19		1		1		1	69				
20		3		1		1	70				
21		1		1		1	71				
22		1		1		1	72				
23		0		1		1	73				
24		0		1		1	74				
25		0		1		1	75				
26		1		1		1	76				
27							77				
28							78				
29							79				
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42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	1		2		6		TOTAL IND.				
TOTAL DEP.							TOTAL DEP.				
TOTAL CLAIMS			25		18		TOTAL CLAIMS				

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS

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